# COMBINED DECLARATION AND POWER OF ATTORNEY

# (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

# TYPE OF DECLARATION

This declaration is for an original application.

### INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

### TITLE OF INVENTION

Methods and Apparatus for Wireless Operational Management and Control of Wired Networks

# SPECIFICATION IDENTIFICATION

The specification is attached hereto.

# ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

# CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)

(35 U.S.C. Section 119(e))

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

CERTIFICATION UNDER 37 CFR 1.10: I hereby certify that this paper (along with any paper referred to as being transmitted therewith) is being deposited with the U.S. Postal Service on this date 0/10/00 in an envelope to Express Mail Post Office to Addresse" Mailing Label Number EL 476 58 50 40 addressed to the Assistant Commissioner for Patents, Washington, D.C. 2021.

. Haden

ignature of person mailing paper

(Declaration and Power of Attorney-page 1 of 3)

### PROVISIONAL APPLICATION NUMBER

# **FILING DATE**

60/224,752

August 10, 2000

# **POWER OF ATTORNEY**

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)

REGISTRATION NUMBER(S)

H. Michael Brucker

19,737

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

**DIRECT TELEPHONE CALLS TO:** 

H. Michael Brucker 510-654-6200

H. Michael Brucker 5855 Doyle Street, Suite 110 Emeryville, CA 94608

### **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Francisco O'Meany

Inventor's signature
Date 8-8-01

Country of Citizenship US

Residence

COSEVIOR OSLOCI

Pittsburg, CA

Post Office Address

2341 Woodhill Drive, Pittsburg, CA 94565